


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000003595</b> 1. Entity Name AUTOCITY BUICK-PONTIAC-GMC, INC.		
Principal Place of Business 1395-1 NORTH HOMESTEAD BLVD. HOMESTEAD, FL 33030-5011	Mailing Address 1395-1 NORTH HOMESTEAD BLVD. HOMESTEAD, FL 33030-5011	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ, LOMBERTO L 1395-1 NORTH HOMESTEAD BLVD. HOMESTEAD, FL 330305011	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURDOCK, STEVEN E 5730 GLENRIDGE DRIVE, SUITE 404 ATLANTA, FL 30328	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FIELDS, PAUL M 100 RENAISSANCE CTR/MAILCODE: 482-A05-B45 DETROIT, MI 482651000	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SCHLICHT, REBECCA 1395-1 NORTH HOMESTEAD BLVD HOMESTEAD, FL 33030	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Rebecca Schlicht</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>9/15/04</i> Daytime Phone # <i>305-245-1410</i>



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0930869	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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01/13/04-80040-007 158.75

**DO NOT WRITE  
IN THIS SPACE**